Approved for use through 1/1 17000 CHIB OHI -0032 Under the Paperwork Reduction Act of 1895, no periods are required to respond to a collection of Information unless I displays a yald CMR control tember. U.S. Palent and Tradement Office; U.S. DEPARTMENT OF COMIERCE PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-875 . Effective December 8. 2004 APPLICATION AS FILED - PARTI (Column 1) OTHER THAN (Coimer 2) SMALL ENTITY OR SMALL ENTITY FOR HUMBER FILED HUMBER EXTRA BASIC FEE RATE (1) FEE AL RATE (\$) (37 CFR | 18(4) (6) a (4)) FÉE(A) H/A **t**VA 150.00 SEARCHFEE NIA 300.00 NA (37 CFR 1 16(1), 14, or 1741 . N/A NA \$250 NIA EXAMINATION FEE \$600 (37 CFR 1 1819. 101. or 101) : NA N/A NX \$100 TOTAL CLAURS 137.CFR 1 16(1) NA \$200 AUNUS 20 . X\$ 25 INDEPENDENT CLAIMS X\$50 OR X100 C tunim X200 Il the specification and drawings exceed 100 sheets of paper, the application size fee due APPLICATION SIZE is \$260 (\$128 for small entity) for each edditional 50 sheets or fraction thereof, See 35 U.S.C. 41(8)(1)(G) and 37 CFR 1.16(s). 137 CFR 116(4) MULTIPLE DEPENDENT CLAIM PRESENT D7 CFR I 16411 +180= 436O= If the difference in column 1 is less then zero, enter "O" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II. (Column 1) (Column 2) (Column 3): OTHER THAN OR SMALL ENTITY CLAIMS SMALL ENTITY HIGHEST REMAINING NUMBER PRESENT RATE (1) AFTER MENDMENT ADDI-RATE(\$) PREVIOUSLY **EXTRA** TIONAL FEE (\$) ADOI: PAID FOR TIONAL FEE (1) pi cra Lien Minus X\$ 25 X\$50 OR hospendens hospendens Minus X100 X200 Application Size Fée (37 CFR 1.16(s)) Off FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.160) +180= +360a OR TOTAL TOTAL. ADD'L FEE OR ADO'L FEE (Column 11 (Column 2) (Column 3) CLAIMS HIGHEST œ REMAINING NUMBER PRESENT RATE (1) ADDI-AFTER. RATE (\$) PREVIOUSLY EXTRA ADOI-MENOMENT TIOHAL PAID FOR TIONAL Total promited FEE (4) Mirues FEE (4) **AMENDIA** X\$ 25 X\$50 endipendent -OR Minus X100 X200 Application 6tte F40 (37 CFR 1.16(8)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16@) +180= +360± OR

If the entry in column 1 is less than the entry in column 2, write "o" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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